



Appln. No.: 10/697,387
Amendment Dated September 3, 2004
Reply to Office Action of June 3, 2004

MAT-8480US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 10/697,387
Applicant: M. Onishi et al.
Filed: October 30, 2003
Title: ROTATION ANGLE DETECTOR
TC/A.U.: 2862
Examiner: B. Ledynh
Confirmation No.: 7447
Docket No.: MAT-8480US

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated June 3, 2004, please amend the above-identified application as follows:

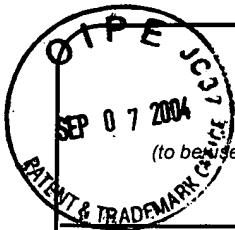
- Amendments to the Specification** begin on page _____ of this paper.
- Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- Amendments to the Drawings** begin on page 5 of this paper and include an attached replacement sheet.
- Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- Remarks/Arguments** begin on page 6 of this paper.

09/08/2004 YPOLITE1 00000014 10697387

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 11

Application Number	10/697,387
Filing Date	October 30, 2003
First Named Inventor	Masahide ONISHI et al.
Art Unit	2862
Examiner Name	Bot L. Ledynh
Attorney Docket No.	MAT-8480US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosures: (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual	Lawrence E. Ashery	Registration No. (Attorney/Agent)	34,515
Signature			
Date	September 3, 2004		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

September 3, 2004

Name (Print/Type)	Donna M. Wellings		
Signature		Date	September 3, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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O I P E
SEP 07 2004
PATENT & TRADEMARK OFFICE USA

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**172.00**

Complete if Known

Application Number	10/697,387
Filing Date	October 30, 2003
First Named Inventor	Masahide ONISHI et al.
Examiner Name	Bot L. Ledynh
Art Unit	2862
Attorney Docket No.	MAT-8480US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Other None Order
 Deposit Account: **(USE AS BACKUP ONLY)**

Deposit Account Number

18-0350

Deposit Account Name

RatnerPrestia

The Commissioner is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
- Charge any additional fee(s) during the pendency of this application
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	9	-20**	= 0	X = 0
Independent Claims	5	-3**	= 2	X 86 = 172
Multiple Dependent			X	= 0

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
Claims in excess of 20			
Independent claims in excess of 3			
Multiple dependent claim, if not paid			
** Reissue independent claims over original patent			
** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$ 172)			

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lawrence E. Ashery	Registration No. Attorney/Agent)	34,515	Telephone	(610) 407-0700
Signature				Date	September 3, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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